

AR1000ANR

## STATE OF ARKANSAS

## Amended Individual Income Tax Return

• 2000

NONRESIDENTS AND PART - YEAR RESIDENTS AMENDING TAX YEAR 2000

OR FISCAL YEAR ENDING \_\_\_\_\_ 20 \_\_\_\_ •

FOR OFFICE USE ONLY	File Date •	Amount Paid •	Your Social Security Number •			
First Name and Initial ( <i>List both if applicable</i> ) •		Last Name •	Spouse's Social Security Number •			
Present Address ( <i>Number and Street, Apartment Number or Rural Route</i> ) •			Preparer's Identification Number •			
City, Town or Post Office, State and Zip Code •		Telephone Numbers Home: _____ Work: _____				
Nonresidents - List State of residence		Part-Year Residents - List period of residency in Arkansas during year <b>From</b> _____ <b>To</b> _____				
<b>CHECK ONLY ONE BOX:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1. <input type="checkbox"/> SINGLE (<i>Or widowed before 2000 or divorced at end of 2000</i>)  2. <input type="checkbox"/> MARRIED FILING JOINT (<i>Even if only one had income</i>)  3. <input type="checkbox"/> HEAD OF HOUSEHOLD (<i>See Instructions</i>)    If the qualifying person is your child but not your dependent,  enter this child's name here: _____ </div> <div style="width: 48%;"> 4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN  5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS  Enter spouse's name here and SSN above _____  6. <input type="checkbox"/> QUALIFYING WIDOW(ER) with dependent child.  Year spouse died: (<i>See Instructions</i>) _____ </div> </div>						
7A. <input type="checkbox"/> YOURSELF <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE <input type="checkbox"/> 65 or OVER <input type="checkbox"/> 65 SPECIAL <input type="checkbox"/> BLIND <input type="checkbox"/> DEAF <input type="checkbox"/> QUALIFYING WIDOW(ER)						
7B. First name(s) of dependents: ( <i>Do not list yourself or spouse</i> )		Multiply number of boxes checked from Line 7A ... <input type="checkbox"/> X \$20 = _____ 00				
7C. First name of developmentally disabled individual(s): ( <i>See Instr.</i> )		Multiply number of dependents from Line 7B ..... <input type="checkbox"/> X \$20 = _____ 00				
7D. TOTAL PERSONAL CREDITS: ( <i>Add Lines 7A, 7B and 7C. Enter total here and on Line 18</i> )		Multiply number of developmentally disabled individuals from Line 7C ..... <input type="checkbox"/> X \$500 = _____ 00				
<b>Has your tax return been adjusted by the IRS? If yes, attach reports.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>INCOME</b>	<b>PART 1: ORIGINAL</b>			<b>PART 2: AMENDED</b>		
	<b>A.</b> Your Total Income From All Sources	<b>B.</b> Spouse's Total Income From All Sources	<b>C.</b> Arkansas Income Only	<b>A.</b> Your Total Income From All Sources	<b>B.</b> Spouse's Total Income From All Sources	<b>C.</b> Arkansas Income Only
	8. Total Income: ..... 8	00	00	8	00	00
	9. Adjustments to Income: ..... 9	00	00	9	00	00
	10. Adjusted Gross Income: ..... 10	00	00	10	00	00
	11. Itemized/Standard Deductions: 11	00	00	11	00	00
	12. Net Taxable Income: ..... 12	00	00	12	00	00
<b>TAX COMPUTATION</b>			A. YOURS      B. SPOUSE			
13. Select tax table: (Enter tax from table). .... 13			13			
<input type="checkbox"/> <b>LOW INCOME</b> <input type="checkbox"/> <b>REGULAR</b> Table 1                      Table 2						
14. Tax: (Enter total from Lines 13A and 13B). .... 14			14			
15. Enter tax from ten (10) year averaging schedule: ( <i>Attach AR1000TD</i> ) ..... 15			15			
16. IRA and qualified plan withdrawal and overpayment penalties: ( <i>Attach Fed. Form 5329 if required</i> ) ..... 16			16			
17. Total Tax: ( <i>Add Lines 14 through 16. Enter here</i> ) ..... 17			17			
<b>TAX CREDITS</b>						
18. Personal tax credit(s): ( <i>Enter total from Line 7D</i> ) ..... 18			18			
19. Working Taxpayer Credit: ( <i>See Instructions. Attach AR1328</i> ) ..... 19			19			
20. State Political Contributions Credit: ( <i>Attach Schedule</i> ) ..... 20			20			
21. Other State tax credit(s): ( <i>Attach copy of other State return(s)</i> ) ..... 21			21			
22. Child care credit(s): ( <i>Attach Fed. Form 2441 or 1040A, Sch. 2, 20% of Federal credit allowed</i> ) .. 22			22			
23. Credit for adoption expenses: ( <i>Attach Federal Form 8839, 20% of Federal credit allowed</i> ) ..... 23			23			
24. Phenylketonuria Disorder Credit: ( <i>See Instructions, Attach AR1113</i> ) ..... 24			24			
25. Business and incentive tax credits: ( <i>Attach Schedule and certificate</i> ) ..... 25			25			
26. TOTAL CREDITS: ( <i>Add Lines 18 through 25</i> ) ..... 26			26			
27. NET TAX: ( <i>Subtract Line 26 from Line 17. Enter here</i> ) ..... 27			27			

28. NET TAX: (From Line 27) .....		28		00
28A. Enter the amount from Line 10, Part 2, Column C: .....		28A		00
28B. Enter the total amount from Line 10, Part 2, Columns A and B: .....		28B		00
28C. Divide Line 28A by 28B. Enter the percentage: .....		28C		%
28D. APPORTIONED TAX LIABILITY: (Multiply Line 28 by Line 28C) .....		28D		00
<b>PAYMENTS</b>				
29. Arkansas Income Tax withheld: .....		29		00
30. Estimated tax paid or credit brought forward from last year: .....		30		00
31. Early childhood program: Certification No.: _____ (Attach Federal Form 2441 or 1040A, Sch. 2 and Certification Form AR1000EC; 20% of Federal credit allowed) .....		31		00
32. Amount Paid with Return: .....		32		00
33. Amount Paid after Return was filed: .....		33		00
34. TOTAL PAID: (Add Lines 29 through 33. Enter here) .....		34		00
35. Enter prior Overpayment/Refund/Estimate carried forward: .....		35		00
36. TOTAL PAYMENTS: (Subtract Line 35 from Line 34. Enter here) .....		36		00
<b>REFUND OR TAX DUE</b>				
37. AMOUNT TO BE REFUNDED TO YOU: (If Line 36 is greater than Line 28D, enter the difference here) .....		37		00
38. AMOUNT DUE: (If Line 28D is greater than Line 36, enter the difference here). .....		38		00
<b>PLEASE SIGN HERE</b>				
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature		Occupation	Date	
Spouse's Signature		Occupation	Date	
Paid Preparer's Signature		ID Number/SSN	Date	
Firm Name (Or yours, if self employed)		Telephone	May the Arkansas Revenue Agency discuss this return with the preparer shown to the left? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City, State, Zip	<b>Mail to:</b> Amended Tax Group P. O. Box 3628 Little Rock, AR 72203	
<b>Explanation of Changes to Income, Deductions, and Credits: (Required)</b>				